

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27720

BIRTH NO.		REG. DIST. NO. 242		PRIMARY REG. DIST. NO. 4361		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY NEW MADRID				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MI b. COUNTY NEW MADRID			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CANALON		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CANALON		1720	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0.			
3. NAME OF DECEASED (Type or Print) a. (First) WILDA		b. (Middle) JEANE		c. (Last) ROBERTS		4. DATE OF DEATH (Month) (Day) (Year) 7-25-1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV 29, 1902	
9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KEWANEE MO	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME JAMES DAVIS		13b. MOTHER'S MAIDEN NAME SARAH ELIZABETH JONT		14. NAME OF HUSBAND OR WIFE CARL ROBERTS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Carl Roberts		ADDRESS Canalan MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		156 A	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-16-1951, to 7-25-1951, that I last saw the deceased alive on 7-16-1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE H. Gilbert		(Degree or title) M.D.		23b. ADDRESS Canalan MO		23c. DATE SIGNED 7/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-27-51		24c. NAME OF CEMETERY OR CREMATORY KEWANEE DAVIS		24d. LOCATION (City, town, or county) (State) KEWANEE MO	
DATE REC'D BY LOCAL REG. 9/6-51		REGISTRAR'S SIGNATURE Thomas M. Shetter		25. FUNERAL DIRECTOR'S SIGNATURE 1 320 Welsh Funeral Home		ADDRESS Sikeston MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Raymond Crews

Licensed Embalmer No. *3467*

P. O. Address *Leicester Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.